FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Young for lowa, Inc. PO Box 162 ADDRESS (number and street) (Check if address is changed) Van Meter 50261 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paul@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address mgoode@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) YoungForlowa.com (Check if address is changed) DATE 2015 C00545616 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Ashley, Lisa, , , Type or Print Name of Treasurer Ashley, Lisa, , , [Electronically Filed] 01 15 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	550 5	4 (Duris al 00/0000)	D 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cano	e of didate	Young, David, , ,	1 1 1 1 1 1 1
	didate / Affiliation	on REP Office Sought: X House Senate President	State IA District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		. ago c
Young for lov	va. Inc.	
	ted Organization, Affiliated Committee, Joint Fundraising Representativ	re, or Leadership PAC Sponsor
PATRIOT DAY I 20	015 	
Mailing Address	228 S WASHINGTON ST STE 115	
Mailing Address		
	ALEXANDRIA	22314
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Represer Identify by name, address (phone number optional) and position of the	
Ashle	ey, Lisa, , ,	
Full Name	,PO Box 162	
Mailing Address	1 0 500 102	
	Van Meter IA	50261
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	515 - 422 - 6988
Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of
Full Name Ashle of Treasurer	y, Lisa, , ,	
Mailing Address	PO Box 162	
	Van Meter IA CITY STATE	ZIP CODE
Title or Position Treasurer		515 - 422 - 6988

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Full Name of			
Designated Agent			
Mailing Address			
-			
	1	1 1 . 1 . 1	1–1
	CITY	STATE	ZIP CODE
Γitle or Position			
	-	Telephone number	
We	r maintains funds. tory, etc. ells Fargo Bank 100 North Main Street		
Name of Bank, Deposit We Mailing Address	ells Fargo Bank 100 North Main Street		
We	tory, etc.	NC NC	27150
We	ells Fargo Bank 100 North Main Street	NC STATE	27150 ZIP CODE
We	tory, etc. PIIs Fargo Bank 100 North Main Street Winston Salem CITY		
Mailing Address Name of Bank, Deposit	tory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY tory, etc.		
Mailing Address Name of Bank, Deposit	tory, etc. PIIs Fargo Bank 100 North Main Street Winston Salem CITY		
Mailing Address Name of Bank, Deposit	tory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY tory, etc. Clham Savings Bank 475 Mill Street		
Mailing Address Name of Bank, Deposit	tory, etc. ells Fargo Bank 100 North Main Street Winston Salem CITY tory, etc.		
Mailing Address Name of Bank, Deposit	tory, etc. Ils Fargo Bank 100 North Main Street Winston Salem CITY tory, etc. Clham Savings Bank 475 Mill Street	STATE	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fun NSPIRING SUCCESS & EMPOWE		
Mailing Address	PO BOX 2485		
	SPRINGFIELD	VA	22152
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Sp
		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	
esignated Agent: Identi	by by name, address (phone number – optional)		
esignated Agent: Identi	y by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identing Full Name	by by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name	by by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identification Full Name	by by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	by by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, BB&T	by by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 225		
	VAN METER	IA I	50261
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	Loudorollip 1710 op
	y by name, address (phone number – optional)		
esignated Agent: Identi	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)		
esignated Agent: Identi	y by name, address (phone number – optional)		
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Full Name Mailing Address TITLE OR POSITION Line Line Line Line Line Line Line Line	CITY A Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds. Tust Bank	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
PATRIOT DAY II	2017		
	_I PO BOX 9891		
Mailing Address	1 0 BOX 9091		
	ARLINGTON	VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	ative Leadership PAC Sp
Connecte			ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee x y by name, address (phone number – optional		ative Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee y by name, address (phone number – optional		
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in whaintains funds. Bridge Bank	STATE A Telephone Number	ZIP CODE A